



ORIGINAL RESEARCH PAPER

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FAMILY BURDEN AND SELF ESTEEM AMONG RELATIVES OF SUBSTANCE ABUSERS

KEY WORDS: family burden, self esteem, substance abusers

Amanpreet Kaur*

Nursing Tutor, Institute of Nursing University Regional Centre, BFUHS, Goindwal Sahib, Punjab. *Corresponding Author

Charanjit Kaur

Associate Professor, Institute of Nursing University Regional Centre, BFUHS Goindwal Sahib, Punjab.

ABSTRACT

Addiction is like a crouching tiger, waiting in the tall grass for some prey to come along. Substance abuse in India continues to be a substantive problem for the individual as well as for the society. Therefore, by assessing family burden and self esteem of relatives of substance abusers open the gate for preventive modalities. **Aim:** the aim of the study was to assess family burden and self esteem among relatives of substance abusers admitted at de-addiction centre of ward GGSMC&H, Faridkot(Punjab). **Methods:** Quantitative(descriptive) Research approach with cross-sectional survey design was used to assess family burden and self esteem among relatives of substance abusers admitted at de-addiction centre of GGSMC&H, Faridkot(Punjab). Family burden was assessed by Family Burden Interview Schedule (FBIS) and self esteem was assessed by Rosenberg Self Esteem Scale. **Results:** Mean age of study subjects was 46 years. Two third (60%) of patient's relatives had severe objective burden and 64% of patient's relatives had low self esteem. **Conclusion:** The study concluded that relatives of patient experiencing severe family burden and low self esteem.

INTRODUCTION

The use or abuse of drugs in one form or the other has lived with the mankind as a part of life for ages. Natural drugs prepared from plants or fruits that grow wild have been abused in Asia since ancient times. The cultivation of the opium poppy, which is known for its medicinal properties, spread from Asia minor to India and china more than 1,000 years ago.¹ According to WHO 1.1 million smokers in the world, about 1/3 under age of 15 years, 21.4% alcohol abusers, 30% cannabis abusers, 0.2% heroin abusers, 0.4% opium abusers and 0.1% other opiates abusers.²

Drug abuse is a complex phenomenon, which has various social, cultural, biological, geographical, historical and economic aspects.³ Substance abuse/dependence causes significant harm to self, family and society as a whole. Some of the harms are directly caused by substance used while others are due to the associated behavioral patterns, whose manifestation depends upon the complex substance-individual-society interaction. For the research purpose, burden has been operationally defined as 'effects of subject upon family on various areas, namely financial, family routine, family leisure, family interaction and physical and mental health of others.'⁴

The burden on families on account of substance abuse by a family member has begun to come into focus since the 1990s. Hoenig and Hamilton in 1966 attempted to distinguish between objective and subjective burden. The former includes the effects of the illness on finances and routine of the family, while the latter is defined as the extent to which family members are affected by objective burden.⁵ To further complicate the picture, caregivers or other burdened members of the family often do not know how to ask for help, or refuse to do so because of shame and fear of social stigma.⁶ Therefore, researcher formulated a blue print to assess burden and self esteem among relatives of substance abusers so that preventive intervention can be lay down to curb the occurrences of psychiatric illnesses among relatives of substance abusers.

METHODS AND MATERIALS

Quantitative, descriptive cross-sectional survey was used to assess family burden and self esteem among 50 conveniently selected relatives of substance abusers who were accompanied the substance abusers admitted at de-addiction centre of GGSMC&H Faridkot. Followings are the three tools was used in the study which is as follows:

Sociodemographic data sheet: It was a self structured questionnaire which was used to assess demographic profile of study subjects. It was consist of type of relationship with substance abusers, age, gender, residence, religion, type of family, educational status, occupational status and type of substance abused by patient.

Family Burden Interview Schedule {FBIS} : It is a semi-structured interview schedule developed by Pai and Kapur (1981) and was used by Chakrabarti and Kulhara (1996) at PGIMER Chandigarh to assess family burden of neurosis. The total score range of scale is 0-48. 0 score means no burden, 1-24 means moderate burden and 25-48 means severe burden.

Rosenberg self esteem Scale: It is a standardized 4-Point Likert Unidimensional scale of 10- items that measure global self worth by measuring both positive and negative feelings from strongly agree to strongly disagree. Higher score indicate higher self esteem.

The reliability of self structured tool was computed by 'test-retest" method and was found 0.86. After obtaining the permission from significant authorities, data was collected from study subjects after written consent has been obtained. Appropriate descriptive and inferential statistics was used to analyze data.

RESULTS

Sociodemographic characteristics of subjects

Mean age of subjects were 46 years. 38% were mothers of patients, 26% were wives of patients, 18% were brothers of patients, 16% were fathers and only 2% were grandfathers. Two third (64%) were females whereas 36% were male. About two third (62%) were from rural area, only 20% were from urban area.

As per educational status 42% were studied up to primary, 16% were illiterate, 14% were studied up to secondary, 12% were studied up to middle and graduate level and only 4% were studied up to matric level. Two third (64%) were housewives, 24% were farmers, 10% were doing Govt. job, only 2% were doing private job. Half (50%) of patients were abusing heroin, 30% alcohol, 6% alcohol+poast, 4% poast and poast + morphine, 2% were abusing tramadol, tramadol+ heroin, poast+ tramadol.

Hence, it can be concluded that majority of subjects were

mothers of patients, who residing in rural area, which belonged to nuclear family, who educated upto primary level and whose patient were abusing heroin.

Table 1 distribution of subjects according to family burden
N=50

| Objective Burden | | | | | |
|-------------------|----------------|-----------------|----------------|---------------|----------------|
| No burden | | Moderate burden | | Severe burden | |
| Frequency | Percentage (%) | Frequency | Percentage (%) | Frequency | Percentage (%) |
| 0 | 0 | 20 | 40.0 | 30 | 60.0 |
| Subjective Burden | | | | | |
| No Burden | | Moderate Burden | | Severe Burden | |
| Frequency | Percentage (%) | Frequency | Percentage (%) | Frequency | Percentage (%) |
| 0 | 0 | 12 | 24.0 | 38 | 76.0 |

Table 1 depicts the distribution of subjects according to family burden. Two third (60%) of patient's relatives had severe objective burden and 40% had moderate objective burden. 76% had server subjective burden whereas 24% had moderate subjective burden.

Hence, it can be concluded that relatives of patient experiencing severe family burden.

Table 2 distribution of subjects according to self esteem
N=50

| Type of self esteem | Frequency | Percentage (%) |
|---------------------|-----------|----------------|
| Low self esteem | 32 | 64.0 |
| Normal self esteem | 18 | 36.0 |

Table 2 shows the distribution of subjects according to self esteem. Two third (64%) of relatives had low self esteem, whereas 36% were having normal self esteem.

Hence, it can be concluded that relatives of substance abusers had low self esteem.

Table 3 relationship between self esteem and family burden
N=50

| Family Burden | Self-esteem | | $\chi^2 / df / p$ value |
|------------------------|-----------------|--------------------|---|
| | Low self esteem | Normal self esteem | |
| Moderate family burden | 02 | 18 | $\chi^2 = 42.188$ $p = 0.000^{**}$ $df = 1$ |
| Severe family Burden | 30 | 00 | |

***Significant at <0.001 level**
NS= not significant

Table 3 shows the relationship between self esteem and family burden. There was statistical significant relationship between family burden and self esteem at ($\chi^2 = 42.188, p = 0.000$).

Hence, it can be concluded that those who had severe family burden, they were also having low self-esteem than those who had moderate family burden.

DISCUSSION

The current study evaluated that relatives of substance abusers had severe subjective burden and low self esteem which was supported by a similar study conducted by Gahlawat et al. They postulated that both subjective and objective burden was perceived as moderate to severe by caregivers.⁷ Another study also revealed that majority of spouses perceived severe subjective burden.^{8,9,10}

CONCLUSION

The present study revealed that relatives of substance abusers had severe subjective burden and low self esteem.

These factors can to open the gates for psychiatric illness and burn out among caregivers. Based on findings of study researchers formulated counseling session with relatives of substance abusers. Similar studies can be conducted on large sample with multiple settings. The preset study was delimited to single setting.

Conflict of interest:None

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